

Laboratory Assessment & Related Services Invoice

Contractor:

Purchase Order #: SB1341 - _ _ - _ - _ _ _ _ *

Address:

Line Item No. (if applicable):

Date:

Vendor Invoice Number:

TOTAL BILLED: \$

Type of Claim:

☐ On-Site Assessment

_____ Lab Code

_____ Location

_____ Date of On-Site

☐ Evaluation

☐ Other (specify)

Submit invoice to:

National Institute of Standards and Technology
Accounts Payable/NVLAP
100 Bureau Drive, Stop 1621
Gaithersburg, MD 20899-1621

I certify that the above claim is in accordance with the terms of the Purchase Order referenced above.

Signature

* insert last 7 characters of P.O. number